

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018841

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 4234

Registrar's No. 81

STATE FILE NUMBER

FILED JUN 5 1962

1. PLACE OF DEATH

a. COUNTY

Iron

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ironton

Length of stay in lb
DOA

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Mary's Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Francois

c. CITY

OR TOWN Bismarck

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

general delivery

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

GEORGE

Middle

L. HOWARD

Last

4. DATE OF DEATH

Month

May

Day

24

Year

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Dec. 20 1916

9. AGE (last birthday)

45

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
miner

10b. KIND OF BUSINESS OR INDUSTRY
iron mine

11. BIRTHPLACE (City and state or country)
Des Arc, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Luther Frances Howard

13b. MOTHER'S MAIDEN NAME

Mary Hickman

14. NAME OF HUSBAND OR WIFE

Marie Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

yes

WW2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Marie Howard, Bismarck, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Arteriosclerotic heart disease

1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-26-58 to 5-24-62 and last saw him alive on 5-18-62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marvin Chenn

22b. ADDRESS

Ironton, Missouri

22c. DATE SIGNED

5-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

May 27 1962

23c. NAME OF CEMETERY OR CREMATORY

Arcadia Valley Memorial Park, Ironton Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

White Funeral Home, Ironton Mo.

25. DATE RECD. BY LOCAL REG.

5-25-62

26. REGISTRAR'S SIGNATURE

Mrs. Aris Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 6470
2 0940
3
4 C
5 1
6
7 0
8 2
9 4200
10
11
12 92-0
13 1-0

JUN 12 1962

JUN 6 1962

Permit obtained May 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Irvington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.